

**COMMONWEALTH OF MASSACHUSETTS
AUTHORIZATION FOR ELECTRONIC FUNDS PAYMENT**

"I, _____, hereby
authorize the Commonwealth of Massachusetts, through the State Treasurer, to deposit funds due into the account at the bank
named below. The State Treasurer is also authorized to debit my account only to adjust any over deposit which it has caused to
be made to my account."

This authorization will remain in effect until either canceled in writing or an updated form changing information is sent to:

**Office of the Comptroller
One Ashburton Place, Room 901
Boston, Ma 02108
Attn: Toni Ivers
Fax: 617-727-2163**

Vendor Bank Name: _____

Vendor Bank Transit Routing Number: _____

Vendor Bank Account Number: _____

(Please Check Account Type)

_____ Checking Account (attach voided check)

_____ Non-Checking Account

Vendor Tax Identification Number (EIN): _____

Vendor Name: _____

Vendor Contact Name: _____

Telephone: () _____

Address: _____

City: _____ State: _____ Zip: _____

AUTHORIZED SIGNATURE: _____

Print Name and Title: _____

DATE: _____